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Name: Chris Vo 8/26/05  
Signature Date Signature

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Fernandez, Dennis S.

Attorney Docket No. FERN-P014

Serial No.: 10/626,877

Examiner: Klebe, Gerald B.

Filed: 7/23/2003

Art Unit: 3618

For: Telematic Method and Apparatus with Integrated Power Source

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL LETTER**

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 7 pages.  
☐ b. Substituted Formal Drawings: \_\_\_\_\_ sheets.  
☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.  
☐ d. An Information Disclosure Statement under 37 CFR \_\_\_\_ 1.97(b) ☒ 1.97(c)  
☒ e. A stamped, self-addressed, return postcard.  
☒ f. A Check (# 1399 ) for \$ 125.00 to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.  
☒ b. Applicant is a Small Entity.

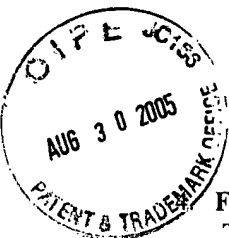
3. **EXTENSION OF TIME:**

- ☐ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of \_\_\_\_\_ months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d)).

| <u>Extension of Time</u> | <u>Large Entity Fee</u> | <u>Small Entity Fee</u> |
|--------------------------|-------------------------|-------------------------|
| i. One (1) month .       | ____ \$ 120.00          | ____ \$ 60.00           |
| ii. Two (2) month .      | ____ \$ 450.00          | ____ \$ 225.00          |
| iii. Three (3) month .   | ____ <b>\$1,020.00</b>  | ____ <b>\$ 510.00</b>   |
| iv. Four (4) month .     | ____ \$ 1,590.00        | ____ \$ 795.00          |
| v. Five (5) month .      | ____ \$ 2,160.00        | ____ \$ 1080.00         |

Extension Time Fee Total:       .00      .

- ☒ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482.**



# FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| Fee Items  | Claims Remaining After Amendment | Highest Number of Claims Previously Paid | Present Extra Claims | Fee Rate   | Total     |
|--|----------------------------------|--|----------------------|--|-----------|
| a. Total Claims  | 21                               | - 20 =                                   | 1                    | x \$ 50.00 Large Entity<br>x \$ 25.00 Small Entity | \$ 25.00  |
| b. Independent Claims  | 4                                | - 3 =                                    | 1                    | x \$200.00 Large Entity<br>x \$100.00 Small Entity | \$ 100.00 |
| c. Multiple Dependent Claims Added By This Amendment   |                                  |  |                      | x 360.00 Large Entity<br>x 180.00 Small Entity     |           |
| d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.                                 |                                  |  |                      |  | \$ .00    |
| e. Additional Fees Required With This Correspondence<br>i) 1.17 (p) Fee for Information Disclosure under 1.97(c) |                                  |  |                      |  | \$ .00    |
| e. Total Fees  |                                  |  |                      |  | \$ 125.00 |

## 5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

\_\_\_\_\_ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

X A Check # 1399 for \$ 125.00 for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

X Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

**CUSTOMER NO: 22877**

**FERNANDEZ & ASSOCIATES, LLP**

**Patent Attorneys**

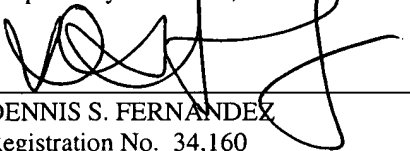
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Respectfully submitted,

  
DENNIS S. FERNANDEZ  
Registration No. 34,160

8/26/05  
Date



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Fernandez, Dennis S.

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Group Art Unit: 3618

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Examiner: Klebe, Gerald B

5 Title: Telematic Method and Apparatus with Integrated Power Source

**SUPPLEMENTAL AMENDMENT**

10 Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In response to Office Action / Interview Summary mailed 08/03/2005, please amend this application:

**Amendments to Claims** are reflected in listing of claims, which begins on page 2.

15 **Remarks** begin on page 7.

08/31/2005 ZJUHR1 00000012 10626877

01 FC:2202  
02 FC:2201

25.00 OP  
100.00 OP